Preventing and Treating Dehydration

Dehydration is a common flu symptom and happens when the body loses too much water and the water is not replaced quickly enough. It is important that anyone who is sick drink lots of liquids to help them fight or recover from the flu.

If the sick adult or child has not urinated in more than 12 hours (six hours for infants) and has symptoms such as a dry mouth, dry eyes or little or no tears, and has an overall sick appearance, you should call for medical advice.

Signs of dehydration include:

- Little or no urine
- Dark and concentrated urine
- Dry mouth with decreased saliva
- Dry eyes with little or no tear production
- Sunken eyes
- Weakness
- Tiredness
- Headache
- Loss of skin elasticity (doughy or loose skin)
- Dizziness when the sick adult or child stands or sits up
- Fainting

Giving Liquids

Begin giving liquids at the first sign of the flu to maintain the right level of hydration. Try to give the sick adult or child about a gallon of liquid each day. Keep doing this until they look better or their urine is a light yellow. For infants, give enough liquids so they urinate every four to six hours.

If the sick adult or child becomes dehydrated, give them small amounts of liquids frequently. For example, give sips or spoonfuls of liquids every five to ten minutes over a four-hour period. Watch for an increase in urination, a lighter color of urine and overall improvement of flu symptoms. These are signs that the liquids are working.

If the sick adult or child is vomiting, do not give any liquids or food by mouth for at least an hour. Let the stomach rest and then give a clear liquid, like water or broth, in small amounts. Start with one teaspoon to one tablespoon every 10 minutes. If they continue to vomit, let the stomach rest again for another hour. Then try to give small but frequent amounts of clear liquids. When the sick adult or child has stopped vomiting, gradually increase the amount of liquids and use liquids with electrolytes (with salt and sugar). After six to eight hours of giving the adult or child clear liquids without vomiting, you can start to give them solid foods that are easy to digest such as saltine crackers, soup, mashed potatoes or rice.

Acceptable Liquids

It is important for the sick adult or child to stay hydrated by drinking plenty of liquids in order to help fight the flu symptoms and prevent dehydration. The following chart tells you which liquids are good for young children and adults with the flu in order to prevent or treat dehydration. If the sick adult or child is not eating, certain liquids will need to be given in order to treat dehydration and restore the right level of electrolytes (salt and sugar) that the body needs.

Liquids to Avoid

Avoid certain liquids like alcohol and caffeinated drinks (coffee, herbal teas, caffeinated sodas, etc.) as they can cause further dehydration.

Dehydration Prevention and Treatment Chart

Age Group	Prevent Dehydration (If Eating)	Prevent Dehydration (If NOT Eating) And Treat Dehydration (If eating or NOT eating)
Infants < 1 year of age	 Breast milk Standard infant formula Store-bought oral rehydration solution such as Pedialyte®, Naturalyte®, Infalyte®, or Rehydralyte® Diluted Juices* (½ water, ½ juice) Alternative: Home made Cereal Based Oral Rehydration Solution (CBORS). See recipe on next page.	 Breast milk Standard infant formula Store-bought oral rehydration solution such as Pedialyte®, Naturalyte®, Infalyte®, or Rehydralyte® Alternative: Home made Cereal Based Oral Rehydration Solution (CBORS). See recipe on next page.
Toddlers 1 to 3 years of age	 Milk (if not vomiting) Store-bought oral rehydration solution such as Pedialyte®, Naturalyte®, Infalyte®, or Rehydralyte® Broth, soup Jell-O® Water (1 package per quart of water, or twice as much water as usual) Popsicles Gatorade® Kool-Aide® Juices* 	 Store-bought oral rehydration solution such as Pedialyte®, Naturalyte®, Infalyte®, or Rehydralyte® Alternative: Home made Cereal Based Oral Rehydration Solution (CBORS). See recipe on next page.
Children over 3 years, teens and adults	 Water Broth, soup Jell-O® Water (1 package per quart of water, or twice as much water as usual) Popsicles Gatorade® Kool-Aide® Juices* 	Home made Oral Rehydration Solution. See recipe below. See recipe on next page.

^{*}Do not give apple or pear juice because they include a certain type of sugar that increases water loss.

Homemade Oral Rehydration Solution (ORS) Recipes

Instead of a store bought rehydration or sports drinks (such as Gatorade® or Pedialyte® for children) you can make your own oral re-hydration solution at home.

Preparing a One Liter Oral Rehydration Solution [ORS] using Salt, Sugar and Water

Mix an oral rehydration solution using one of the following recipes; depending on ingredients and container availability:

Ingredients:

- One level teaspoon of salt
- Eight level teaspoons of sugar
- One liter of clean drinking or boiled water and then cooled 5 cupfuls (each cup about 200 ml.)

Preparation Method:

Stir the mixture till the salt and sugar dissolve. An efficient and effective homemade remedy to be used when watery diarrhea strikes and is a good substitute for oral rehydration salts

Homemade cereal-based ORS

Ingredients:

- 1/2 to 1 cup precooked baby rice cereal or 1½ tablespoons of granulated sugar
- 2 cups of water
- 1/2 tsp. salt

Instructions:

- Mix well the rice cereal (or sugar), water, and salt together until the mixture thickens but is not too thick to drink.
- Give the mixture often by spoon and offer as much as the sick person will accept (every minute if possible).
- Continue giving the mixture with the goal of replacing the fluid lost: one cup lost, give a cup. Even
 if the sick person is vomiting, the mixture can be offered in small amounts (1-2 tsp.) every few
 minutes or so.
- Banana or other non-sweetened mashed fruit can help provide potassium.

Store the liquid in a cool place. Chilling the ORS may help. If ORS is needed after 24 hours, make a fresh solution.

More information can be found at http://rehydrate.org/solutions/homemade.htm

Notes: Use of homemade CBORS should be considered as a last option because of the chance for mixing mistakes, which could be a problem for infants. Children are also less likely to take cereal-based solutions than glucose-based solutions. However, when properly mixed and used, CBORS has been found to be as effective as Pedialyte. Source: Pediatrics Vol 100 No. 5. November 1997, p e3, available at: http:pediatrics/aappubliciations.org/cgi/content/full100/5/e3